



HEALTH CARE FINANCING ADMINISTRATION
Department of Health and Human Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

UT-0158.90.R2.03;EP

November 20, 2001

Mr. Michael Deily, Director
Division of Health Care Financing
Utah Department of Health
Post Office Box 143101
Salt Lake City, Utah 84114-3101

Dear Mr. Deily:

We have reviewed your request to amend your home and community-based services (HCBS) waiver for individuals with mental retardation and developmental disabilities (MR/DD), as authorized under Section 1915(c) of the Social Security Act. Specifically, you requested to decrease the number of recipients in Factor C for years 4 and 5. This request has been given Control Number 0158.90.R2.03, which should be used in all correspondence relating to this waiver.

This letter serves as a request for your staff to provide additional information. An effective date for this amendment request was not provided. Since this waiver is currently in the second year of the renewal (July 1, 2001-June 30, 2002), this amendment effective date could only begin with the date of the current waiver year or later. Therefore, in your response, request an effective date of July 1, 2001, or later. You will also need to resubmit all attachments with the new effective date.

Under Section 1915(f)(2) of the Social Security Act, a request for a waiver must be approved, disapproved, or additional information requested within 90 days of receipt, or the waiver will be deemed granted. The 90-day period in this case ends January 29, 2002. However, receipt of additional information from you on this formal request will begin a new 90-day period.

If you have any questions, please contact me at (303) 844-7036.

Sincerely,

/s/

Eunice Perez
Health Insurance Specialist
State Programs Branch

Cc: Mel Murphy